HOST AVOIDDIE YUPY

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001									10851645					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
то	TAL CLAIMS		34					RATE	FE	E	1	RATE	FEE	
FO	R		NUMBER FILED		NUMBER;EXTRA			BASIC F	EE 370.	∞ _C)R	BASIC FEE	740.00	
TO	TAL CHARGEA	BLE CLAIMS	minus 20=		*	4		X\$ 9=			OR	X\$18=		
IND	EPENDENT CL	AIMS	(j minus 3 =		* 1		X42=)R	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=				+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL .		∸	DR	TOTAL		
CLAIMS AS AMENDED - PART II 7-22-04 TOTAL OTHER THAN													THAN	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			R	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RATE	ADD TION FE	AL		RATE	ADDI- TIONAL FEE	
	Total	.34	Minus	 3	4	= /		X\$ 9=	:	\Box)R	X\$18=		
AME	Independent	* Q	Minus	*** ()		= /		X42=			OR.	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+140=		\exists)R	+280=		
1/-150								TOT	AL		OR.	TOTAL		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER		HIĞI NUN PREVI	HEST MBER MOUSLY	PRESENT EXTRA		RATE		IAL		RATE	ADDI- TIONAL	
	Total	*34	Minus	**	FOR	= -	1	X\$ 9=	FE FE		OR	X\$18=	FEE	
	Independent	. 6	Minus	***	6	=	1	X42=	_			X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							742-	_	'	OR	704=		
15K								+140:			OR	+280=		
								ADDIT. F			OR	TOTAL ADDIT. FEE		
	,	<u> </u>												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	. 40	Minus	ئے **	34	= 6]	X\$ 9=	2	n	OR	X\$18=		
	Independent	. 6	Minus	***	0	= 10		X42=				X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
474	If the "Highest Nu "If the "Highest Nu	mber Previously Pumber Previously P	aid For IN THI aid For IN THI	S SPACE IS SPACE	is less that is less that	an 20, enter "20 an 3, enter "3."		ADDIT. F	E 4/4		OR	ADDIT. FEE		
l .	The "Highest Nur	nber Previously Pa	id For" (Total o	r Indepen	dent) is th	e highest numb	er fo	und in the	appropria	te box i	in co	olumn 1.		